



**In The United States Patent and Trademark Office**

**In re application of:** James P. Elia

**Group No.:** 1647

**Serial No.:** 10/791,648

**Examiner:** Daniel C. Gamett

**Filed:** March 2, 2004

**For:** TREATMENT FOR ARTHRITIS

**MAIL STOP FEE AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail, in an envelope addressed to Assistant Commissioner for Patents, MAIL STOP FEE AMENDMENT, P.O. Box 1450, Alexandria, VA 22313-1450 on

MAY 31 2007

Shirley H. White 5/31/07  
Signature Date of Signature

06/04/2007 BABRAHA1 00000024 10791648

01 FC:2251

60.00 OP

1. Transmitted herewith is an **Amendment in response to the February 1, 2007 Office Action**, for this application.

2. **Extension of Time**

<u>Extension (months)</u>	<u>Fee for small entity</u>	<u>Fee for non-small entity</u>
One month	\$ 60.00	\$ 120.00
Two months	\$ 225.00	\$ 450.00
Three months	\$ 510.00	\$1,020.00
Four months	\$ 795.00	\$1,590.00
Five months	\$1,080.00	\$2,160.00

a) ☒ An extension is hereby requested for 1 month(s) with a fee of \$ 60.00.

An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 60.00.

**OR**

b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

**3. Fee for Claims**

The fee for claims has been calculated as shown below:

(column 1)		(column 2)		(column 3)	Small Entity	
	Claims remaining after amendment		Highest no. previously paid for	Present extra	Rate	Additional fee
Total	* 62	Minus	** 65	= 0	X 25 =	\$ 000.00
Indep.	* 02	Minus	** 02	= 0	x 100 =	\$ 000.00
First presentation of multiple dep. Claim					+ 180 =	\$ ---
					Total	\$ 000.00
					Additional fee	\$ 000.00

\* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.

\*\* If the "Highest no. previously paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest no. previously paid for" IN THIS SPACE is less than 3, enter "3".

The "Highest no. previously paid for" (total or indep.) is the highest number found in the appropriate box in Column 1 of a prior amendment or the number of claims originally filed.

Total additional fees required: \$ 000.00

**4. Fee Payment**

☐ No fee is due.

**OR**

☒ Attached hereto is Check No. 1333 in the amount of \$ 60.00.

Dated: May 31, 2007

  
Signature of attorney

Gerald K. White  
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